Approved for use through 7/31/2008. OMB 0651-0032

| APPLICATION AS FILED - PART I (Column 1) (Column 2) SMALL ENTITY OR SMALL ENTITY FRATE (8) FEE (9) FRATE (9) FEE (9) OR X = | | PA | TENT APPL | ICATIC | N FEE DET | equired to respor | ON | RECORD | nformation uni | ess K dis | DEPARTMENT playa a valid OME | OF COMMERCE control number | |
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| ## Common | | | NU | ABER FILE | D NUA | MBER EXTRA | 7 | RATE (\$) | EEE/e) | 7 | | | |
| ## Common State Column 2 Column 2 Column 3 Column 3 Column 3 Column 4 Column 4 Column 2 Column 5 Column 5 Column 5 Column 5 Column 6 Column 6 Column 7 Column 7 Column 7 Column 7 Column 8 Colu | (87 OFR 1.16(a), (b), or (c)) | | (0)) | | | | 1 | 14:11=14/ | 1.55(9) | 1 | PATE (1) | FEE (\$) | |
| STORN 156(0) (4) or (6)) TOTAL CLAIMS OT OFR 1.16(0) APPLICATION SIZE EFE (87 OFR 1.16(1) If the specification and drawfings exceed 100 sheets of paper, the application stze fee due to \$250 U.S.C. 41(0)(1)(G) and 37 CFR 1.16(0). MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(0)) If the difference in column 1 is less than zero, enter 'U' in column 2. TOTAL APPLICATION AS AMENDED - PART II Is If the difference in column 1 is less than 2 co., enter 'U' in column 3. APPLICATION AS AMENDED - PART II Is If the difference in column 1 is less than 2 co., enter 'U' in column 3. APPLICATION AS AMENDED - PART II Is If the difference in column 1 is less than 2 co., enter 'U' in column 2. TOTAL TOTAL TOTAL TOTAL TOTAL APPLICATION AS AMENDED - PART II Is If the difference in column 1 is less than 2 co., enter 'U' in column 3. APPLICATION AS AMENDED - PART II Is If the difference in column 1 is less than 2 co., enter 'U' in column 3. TOTAL APPLICATION AS AMENDED - PART II Is If the difference in column 1 is less than 2 co., enter 'U' in column 3. TOTAL APPLICATION AS AMENDED - PART II Is If the difference in column 1 is less than 2 co., enter 'U' in column 3. TOTAL APPLICATION AS AMENDED - PART II Is If the difference in column 1 is less than 2 co., enter 'U' in column 3. TOTAL APPLICATION AS AMENDED - PART II RATE (8) ADDI-TIONAL FEE (9) TOTAL APPLICATION OF MALTIPLE DEPENDENT CLAIM (87 CFR 1.16(0)) FIRST PRESENTATION OF MALTIPLE DEPENDENT CLAIM (87 CFR 1.16(0)) FIRST PRESENTATION OF MALTIPLE DEPENDENT CLAIM (87 CFR 1.16(0)) FIRST PRESENTATION OF MALTIPLE DEPENDENT CLAIM (87 CFR 1.16(0)) FIRST PRESENTATION OF MALTIPLE DEPENDENT CLAIM (87 CFR 1.16(0)) FIRST PRESENTATION OF MALTIPLE DEPENDENT CLAIM (87 CFR 1.16(0)) FIRST PRESENTATION OF MALTIPLE DEPENDENT CLAIM (87 CFR 1.16(0)) FIRST PRESENTATION OF MALTIPLE DEPENDENT CLAIM (87 CFR 1.16(0)) FIRST PRESENTATION OF MALTIPLE DEPENDENT CLAIM (87 CFR 1.16(0)) FIRST PRESENTATION OF MALTIPLE DEPENDENT CLAIM (87 CFR 1.16(0)) FIRST PRESENTATION | (87 OFR 1.16(k), (i), or (m)) | | (m)) | | | | 1 | | 1 | 7 | | <u> </u> | |
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| THE PROPERTY OF THE PROPERTY O | "If the "Highest Number Previously Paid For" in THIS SPACE is less than 20, enter "20". The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the engaged by the service setum. | | | | | | | | | | | | |

This collection of Information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to fite (and by the INSTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, Including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.